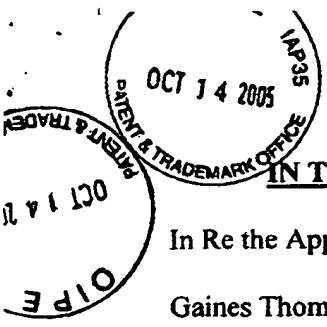


United States Patent and Trademark Office  
- Sales Receipt -

12/14/2005 SLITTLE 00000001 022666 10659546

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| 01 FC:2201 | 100.00 DA |
| 02 FC:2202 | 425.00 DA |

Ifw



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re the Application Of

Seth E. Barney

Gaines Thomas Ray, et al.

Patent Examiner

Serial No. 10/659,546

Art Unit 3752

Filed: 09/09/2003

For: Application and Method to Disperse Substance Contained  
in a Replaceable Cartridge

Attorney Docket No. 6288P001

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING OR FACSIMILE TRANSMISSION**

I hereby certified that this correspondence is (1) ☒ being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on October 10, 2005; or (2) ☐ being facsimile transmitted to the United States Patent and Trademark Office at facsimile number (571)-273-8300 on October \_\_, 2005.

R. Keith Harrison  
Printed Name

R. Keith Harrison  
Signature

10/10/05  
Date

**RESPONSE TO OFFICE ACTION**

Applicants respond to the Office action dated July 12, 2005 as follows.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

10/659546  
10,659,546

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                                           |              |              |  |
|-----------------------------------------------------------|--------------|--------------|--|
| TOTAL CLAIMS                                              | 35           |              |  |
| FOR                                                       | NUMBER FILED | NUMBER EXTRA |  |
| TOTAL CHARGEABLE CLAIMS                                   | 35 minus 20= | * 15         |  |
| INDEPENDENT CLAIMS                                        | 10 minus 3=  | * 7          |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9=    | 35     |
| X42=      | 294    |
| +140=     |        |
| TOTAL     | 504    |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18=    |        |
| X84=      |        |
| +280=     |        |
| TOTAL     |        |

**CLAIMS AS AMENDED - PART II**

10-14-05

| AMENDMENT A                                                             | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
|                                                                         | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | * 52                             | Minus ** 35                        | = 17          |
| Independent                                                             | * 11                             | Minus *** 10                       | = 1           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

1, 6, 8, 19, 20, 22, 32, 34, 35, 51

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           | 425            |
| X42=             | 100            |
| +140=            |                |
| TOTAL ADDIT. FEE | 525            |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT B                                                             | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
|                                                                         | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | *                                | Minus **                           | =             |
| Independent                                                             | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT C                                                             | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
|                                                                         | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | *                                | Minus **                           | =             |
| Independent                                                             | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.